



LIFESAVING SOCIETY®
The Lifeguarding Experts

Caregiver Supervision

Please print legibly.

	Completed (✓/×)	Date of Completion (YYYY/MM/DD)
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The purpose of this roster is for affiliates, facilities and clubs to record participant's completion of the Caregiver Supervision Workbook.

Organization/Facility Contact Information

Name of organization/facility:

Contact Name:

Phone number:

Email: